Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 18, 2023

[redacted]
GROVE MANOR
435 NORTH BROAD STREET
GROVE CITY, PA, 16127

RE: GROVE MANOR I
435 NORTH BROAD STREET
GROVE CITY, PA, 16127
LICENSE/COC#: 45131

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/24/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *GROVE MANOR I* **Licen e #**: *45131* **Licen e Expiration**: *03/26/2024*

Address: *435 NORTH BROAD STREET, GROVE CITY, PA 16127*

County: *MERCER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone** [redacted] **Email**: [redacted]

Legal Entity

Name: *GROVE MANOR*

Address: *435 NORTH BROAD STREET, GROVE CITY, PA, 16127*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *06/28/1999* **I ued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *25* **Waking Staff**: *19*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *01/24/2023*

Inspection Dates and Department Representative

01/24/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *25*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *24*

Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

01/24/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/06/2023*

02/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/13/2023*

Inspections / Reviews *(continued)*

02/14/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/14/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/21/2023*

02/18/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/14/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 9:45 a.m. the home's license inspection summary, dated 2/24/22, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept (- 02/14/2023)***

1. The most current documentation of a complaint survey was immediately on 01/24/23 placed into the proper Public Notification binder by PCHA. A pink paper notating "LIS HERE" was placed on the wall just above the binder located on the end table in the lobby by on 01/25/23.
2. A review of the binder on 01/24/23 by PCHA found no other documentation missing from the binder.
3. Staff education was presented on 01/26/23 for education regarding the necessary documentation that is to be placed in the survey binder by PCHA.
Audit began on 01/24/23 by the Administrator/ designee. It was again reviewed on 01/26/23 and will continue to be done monthly for 6 months and any time there is survey documentation to be placed into the survey binder.
4. Audits will be reported to the QAPI committee at it's periodic QAPI meetings (held per policy frequency) for review and compliance by the Personal Care Home Administrator, Amanda Schepp.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented - 02/18/2023)

85d - Trash Receptacles

2. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:15 a.m., there was an approximate 6" hole in the center of each of the 3 partially full, 55-gallon trash cans in main kitchen.

Plan of Correction ***Accept 02/14/2023)***

1. A trash can lid acceptable to meet DHS regulation was ordered on 01/30/23 for the kitchen to meet the regulation. See invoice, shipping information, and picture of appropriately placed lid. Appropriate lid was placed on can on 02/01/23 upon receipt of product. From date of identification 01/24/23- receipt of the above product, a traditional trash can lid was used by Dietary manager and dietary staff.
2. An inspection of the facility was completed by the Personal Care Home Administrator, , to ensure that all trash cans are meeting the regulation on 01/24/23. There were no other trash cans identified at this time that needed to be replaced.
3. Staff education was presented on 01/26/23 by PCHA and Dietary Manager for staff to monitor trash cans and understand the type of trash cans that are requires by regulation.
An audit will be completed monthly for 3 months by Administrator or Dietary manager to ensure that all trash receptacles are regulation acceptable. The first audit was completed 02/01/23 by Dietary Manager

85d - Trash Receptacles (continued)

4. Audits will be reported to the QAPI committee for review and compliance by the Administrator or Dietary manager.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented (- 02/18/2023)

91 Telephone Numbers

3. Requirements

2600.
91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 9:15 am, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the dining room.

Plan of Correction ***Accept - 02/14/2023)***

1. The proper emergency numbers that are required by regulation were posted by staff member (CB) and [redacted] PCHA immediately upon identification on 01/24/23 to the area where the landline is located.
2. A review of areas where phone numbers are required to be listed was completed on 01/24/23 and again on 01/26/23. There were no other areas that needed phone numbers posted.
3. Staff education was presented on 01/26/23 for education on where phone numbers should be posted and why by [redacted] Personal Care Home Administrator.
Audits have begun and have been completed on 01/24/23 and 01/26/23 and are ongoing. Audits will be done monthly for 6 months by the Administrator/ designee to ensure the proper phone numbers are located in the proper areas.
4. Audits will be reported to the QAPI committee for review and compliance by the Administrator /designee.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented - 02/18/2023)

92 Windows

4. Requirements

2600.
92. Windows and Screens Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 11:00 a.m., the screens in the widows of bedroom and bedroom were not securely attached.

Plan of Correction ***Accept (02/14/2023)***

1. The screen in room and windows were immediately adjusted upon identification on date of survery 01/24/23) by Assistant to the Director of Facility Management Anthony to fit properly and be securely attached.
2. An audit was completed by the Assistant Director of Facility Management on 01/24/23 and again on 01/27/23 by Director of Environmental Services to identify any other window screens not fitting properly.
3. Staff education was provided by PCHA and Director of Environmental Services and completed

92 - Windows (continued)

on 01/30/23 to monitor for ill-fitting or in ill-repair window screens and who to notify of this is identified.
All window screens identified to be ill fitting or in ill repair will be on a work schedule by the maintenance department for repairs beginning 01/27/23 and ongoing. All screens will be repaired by 04/26/23 by the Maintenance Department and overseen by the Director of Environmental Services.
An audit will be completed monthly for 3 months by the maintenance department to ensure compliance. Audits began 01/ 24/23 upon identification at survey and again on 01/ 27/23. Audits are ongoing at this time.
4. Audits will be reported to the QAPI committee for review and compliance by the Director of Environmental Services at the periodic QAPI meeting (per policy).

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented [redacted] - 02/18/2023)

102i - Soap Dispenser

5. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 10:45 a.m., 3 unlabeled, used bars of soap were in the common bathroom across from bedroom [redacted]

Plan of Correction ***Accept [redacted] - 02/14/2023)***

1. The bars of soap were immediately, upon identification on 01/24/23 at the time of survey, removed from the common bathroom by PCHA [redacted].
2. An audit was completed on 01/24/23 and again on 01/26/23 by the Administrator/ designee to identify any other areas that have bar soap being used. There were no other areas found to be deficient.
3. Staff education was presented on 01/26/23 by [redacted] PCHA to ensure that regulation for sanitary conditions regarding the use of bar soap is understood and followed.
Letters were sent to all families on 02/01/23 to request that no bar soap be provided to residents or an appropriately abeled plastic soap storage container be provided to residents. (see letter) The topic was addressed in the next resident council meeting on 01/31/23 by PCHA and Activities Aid. (see Resident Council Notes)
An audit was completed on 01/24/23 and 01/26/23 and will be completed weekly for 4 weeks and then monthly for 3 months by the Administrator/ designee to ensure compliance.
4. Audits will be reported to the QAPI committee for review and compliance by the Administrator.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented [redacted] - 02/18/2023)

103d - Storing Food Off Floor

6. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

At 10:30a.m., a 12-quart box of vanilla supplement and a 13 ounce box of powdered hot chocolate were stored in their original packaging on the floor of the dry food storage room of the main kitchen.

103d - Storing Food Off Floor *(continued)*

Plan of Correction ***Accept (SQ - 02/14/2023)***

1. The boxes noted to be on the floor in the main kitchen were immediately placed off of the floor by Dietary Manager [redacted] upon identification on 01/24/23 (date of survey).
2. The dietary manager completed an audit on 01/24/23 and found no other boxes stored on the floor of the kitchen.
3. Dietary staff education was completed 01/27/23 to ensure that regulation for sanitation is followed in the kitchen to include not placing containers directly on the floor. This education was presented by Personal Care Home Administrator [redacted] and Dietary Manager [redacted]
An audit was completed 01/24/23, 01/27/23, 02/02/23 and will be completed weekly for 4 weeks and then monthly for 3 months by the Dietary manager/ designee to ensure compliance with proper storage.
4. Audits will be reported to the QAPI committee for review and compliance by the Dietary manager.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented ([redacted] 02/18/2023)

132d - Evacuation

7. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 10/2/22 at 3:16 a.m., the home conducted an unannounced fire drill. The home's fire drill record indicates 25 residents were present in the home; however, 0 residents were evacuated.

On 11/10/22 at 10:30 a.m., the home conducted an unannounced fire drill. The home's fire drill record indicates 25 residents were present in the home; however, 24 residents were evacuated.

Plan of Correction ***Accept ([redacted] - 02/14/2023)***

1. ALL residents were included in a fire drill conducted on 01/30/23.
2. A review of fire drills for the past year was reviewed and found no other deficient practices by Director of Environmental Services [redacted] on 01/27/23.
3. Staff education was completed on 01/30/23 to ensure all fire drills are conducted per regulation. This education was presented by [redacted] PCHA and Director of Environmental Services [redacted]
An audit will be completed monthly for 3 months and then quarterly for 3 quarters by the Director of Environmental Services or Administrator to ensure compliance. Audits began 01/27/23, again on 01/20/23, and are ongoing
4. Audits will be reported to the QAPI committee for review and compliance by the Director of Environmental Services or Administrator.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented ([redacted] - 02/18/2023)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical e amination by a physician, physician s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department s request.

Description of Violation

Resident #1's initial medical evaluation, dated [redacted]22, does not indicate the resident's cognitive function or health status. These sections of the form are blank.

Plan of Correction ***Accept [redacted] - 02/14/2023)***

1. The DME for Resident TM was immediately reviewed upon identification on the date of survey 01/24/23 by PCHA [redacted]. No harm resulted from the information that was missing.
2. An audit was conducted for all resident DMEs to ensure that all areas have been completed by [redacted] PCHA on 01/26/23. There were no other plans of care identified to be corrected.
3. Staff education was provided on 01/26/23 to ensure that anyone completing a DME must review their work and that no areas are left blank or left unchecked. This education was presented by [redacted] PCHA.
An audit was completed 01/26/23 by PCHA [redacted] and is ongoing a the following frequency. Audits will be completed monthly for 3 months for current residents and upon admission for new residents by the administrator to ensure compliance.
4. Audits will be reported to the QAPI committee for review and compliance by the Administrator.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented [redacted] 02/18/2023)

141b1 Annual Medical Evaluation

9. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's annual medical evaluation, dated [redacted]22, does not indicate the resident's mobility needs, cognitive function, or health status. These sections of the form are blank.

Resident #3's current annual medical evaluation was completed on [redacted]22; however, the resident's previous medical evaluation was completed [redacted]21.

Repeat Violation: 9/9/21 et al

Plan of Correction ***Accept [redacted] - 02/14/2023)***

1. Resident JP did not have boxes for mobility, cognitive function or health status checked. Resident GP did not

141b1 - Annual Medical Evaluation (continued)

have a DME completed timely. These documents were immediately reviewed upon identification on the date of survey 01/24/23. These errors did not affect RASP/ plan of care.
2. An audit was completed by the Administrator on 01/26/23 to ensure that all resident DMEs were completed timely. There were no other resident DMEs out of compliance found.
3. [redacted] will communicate with the Physician for proper documentation. Proper documentation completed upon acknowledgment and permission by provider on 02/08/23.
4. Staff education was provided on 01/26/23 to ensure that anyone completing a DME is aware of the timeliness of the document by [redacted] PCHA.
An audit was completed 01/26/23 and will be completed monthly for 3 months for all current residents and at the time of admission for new residents by the administrator to ensure compliance. New admissions taken 02/01/23, 02/02/23, and 02/06/23- PCHA [redacted] reviewed the DMEs and Prescreens on these dates for the newly admitted residents.
5. Audits will be reported to the QAPI committee for review and compliance by the Administrator.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented [redacted] - 02/18/2023)

184a - Resident's Meds Labeled

10. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #4's is prescribed [redacted] - Take 2 tablets by mouth every 6 hours as needed. However, the medication's pharmacy label indicates - Take 2 tablets by mouth every 4 hours as needed.

Repeat Violation: 9/9/21 et al

Plan of Correction ***Accept (- 02/14/2023)***

1. The pharmacy was immediately notified 01/24/23 at the time of identification during survey by PCHA [redacted] of the 2 labels present on a package of [redacted] for explanation and correction.
2. An audit of [redacted] was completed01/26/23 by [redacted] PCHA to ensure that no other packages had more than one label and if more than one was that it was clearly explained in the physician orders. No other packages were identified and no resident suffered harm due to this duplication. Administration of this medication was given per physician orders.
An audit will be completed bi-weekly for 4 weeks and then monthly for 3 months by the administrator to ensure compliance. Audit were started 01/26/23 and were completed 01/26/23 and 02/01/23 by PCHA [redacted].
4.Audits will be reported to the QAPI committee for review and compliance by the Administrator.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented [redacted] - 02/18/2023)

224a - Preadmission Screen Form

11. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [redacted]/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction ***Accept [redacted] - 02/14/2023)***

1. The Pre-screen for Resident TM was immediately reviewed by PCHA [redacted] upon identification on date of survey 01/24/23. No harm resulted from the information missing.
2. An audit was conducted for all resident Pre-screens on 01/26/23 to ensure that all areas have been completed. There were no other pre screens identified to be corrected.
An audit will be completed monthly for 3 months for current residents and upon admission for new residents to ensure compliance. Initial audit started and completed 01/26/23 and then again on new admissions taken 02/01/23, 02/02/23, and 02/06/23 by [redacted] PCHA. Audits of new admission listed above were completed on the actual date of admission.
Audits will be reported to the QAPI committee for review and compliance by the Administrator.

Licensee's Proposed Overall Completion Date: *02/10/2023*

Implemented [redacted] - 02/18/2023)